IMPACT REPORT

2021
2022

Wellesley Institute
advancing urban health

MISSION

ADVANCE POPULATION HEALTH AND REDUCE HEALTH INEQUITIES BY DRIVING CHANGE ON THE SOCIAL DETERMINANTS OF HEALTH THROUGH APPLIED RESEARCH, EFFECTIVE POLICY SOLUTIONS, KNOWLEDGE MOBILIZATION, AND INNOVATION.

Wellesley Institute
advancing urban health

WELLESLEY INSTITUTE BY THE NUMBERS

25 RESEARCH REPORTS

12 BLOGS

49 COMMUNITY PRESENTATIONS

55 COMMITTEES, NETWORKS AND PANELS

- Black Scientists' Taskforce on Vaccine Equity
- Black Health Plan Group
- Black Health Summit
- Identity Affirming Social and Emotional learning
- Anti-Black Racism and Mental Health Advisory Committee
- National Newcomer Navigation Network
- Ontario Health Data Council

5,270
Newsletter recipients

166,058
Webpage views

66,269
Web visitors

388,000
Impressions in Twitter

9,977
Twitter followers

2,798
Facebook followers

2,639
LinkedIn followers

1,776
Event attendees

INTRODUCTION

Navigating the second year of the COVID-19 pandemic came with many challenges. New challenges including accessing vaccines, coping with increased mental health problems and the lack of much-needed race-based data collection. We also continued to confront existing challenges, including a growing housing crisis, increased unaffordability and historic inequities that put low-income and racialized communities at greater risk of contracting and dying from COVID-19.

This year our work focused on challenging the status quo and finding solutions to move us forward on equity and give us a template for building a New Normal for Toronto, Ontario and Canada.

RACE-BASED DATA: A KEY FOR UNDERSTANDING COVID-19

When governments heeded the calls for the collection of socio-demographic data on COVID-19, what many people already knew became undeniable. The disproportionately high COVID-19 rates experienced by racialized communities were stark. Data from Toronto Public Health showed that approximately 80 per cent of new COVID-19 cases in Toronto were among racialized people, even though they make up only 52 per cent of the city's population. A similar investigation from Peel Public Health in March 2021 revealed that 83 per cent of new COVID-19 cases in Brampton, Caledon, and Mississauga were racialized people, although they make up only 59 per cent of the population in these areas.

In a series of papers, we used sociodemographic data to monitor COVID-19 in communities that were being left behind. In *Monitoring progress: Race and vaccine equity*, we looked at rates of infection and vaccination from March to May of 2021 and linked them by postal code. This was then compared to cumulative COVID-19 infection rates by neighbourhood racial composition.

We found a strong association between the percentage of Black and Southeast Asian populations in an area and the rate of COVID-19. Consistently, the higher the percentage of those populations, the higher the rate of COVID-19 infection. Where vaccination rates were concerned, we saw decreased rates among these populations compared to others. The association between low rates of vaccination and the percentage of Black and Southeast Asian residents in an area also held consistent throughout the pandemic.

In *Inequities in COVID-19 infection and related hospitalizations & deaths*, we set out to see whether the disparities found in rates of infection were also present in the rate of hospitalizations and deaths. Unfortunately, but not surprising, the data showed that these rates were consistent. Areas that had higher rates of Black and Latino residents experienced a doubling of hospitalizations and deaths compared to areas where the majority of people were white. *Continue on next page >*

Our recommendations focused on an all-hands approach to mitigating infections, including increases in community-led vaccination efforts, continued prioritization of hot spot areas, and crucially, widespread policy changes to protect essential workers, such as mandating additional paid sick days.

To further examine racial disparities during the pandemic, we worked alongside Ontario Health to produce a detailed analysis of racial inequity in COVID-19-related health outcomes. In the landmark study, *Tracking COVID-19 through race-based data*, we examined data collected by Ontario public health units. We found that white Ontarians experienced the lowest per capita rates of COVID-19 infection, despite making up 66.8 per cent of the population. White Ontarians also experienced the lowest rates of hospitalization. Additionally, when compared to white Ontarians, other racialized groups had 1.7 to 7.6-fold higher rates of death.

The inequitable health outcomes we saw during the pandemic were not caused by the pandemic alone. Systems that marginalize racialized communities continued to thrive during this crisis, leaving racialized communities to carry the burden. In order to move away from this, equity-focused strategies guided by racialized communities must be prioritized and embedded into policy and practice.

VACCINE EQUITY: WHO'S MISSING OUT?

When COVID-19 vaccines became available in late 2020, there was hope that the pandemic had turned a corner. But we quickly saw the same harmful patterns throughout the pandemic begin to emerge around vaccine access - racialized, low-income, and other equity-seeking groups were being left behind in the pandemic response.

Socio-demographic data collection had been useful to identify disparities and monitor the progress of equity focused initiatives in COVID-19 infection. Despite this, Ontario chose not to mandate data collection during the vaccination roll-out.

In the absence of good individual-level socio-demographic data, we developed a series of rapid analyses to monitor vaccine equity in Ontario using data on vaccination rates for different postal codes available from the *Institute for Clinical Evaluative Sciences (ICES)*.

In *An uneven recovery*, we set out to determine how vaccination rates varied across the province and at the neighbourhood level. We examined data for the first four months of the rollout and compared it to postal code data to see which areas were accessing vaccines, and which were missing out. We found that Ontario was not focusing vaccine efforts in areas with the highest COVID-19 rates, and not distributing vaccines equitably. Toronto had the most significant inequities, with neighbourhoods that had higher percentages of Black, South Asian, Southeast Asian, or Latino populations having lower rates of vaccination. For example, in areas with a very low percentage of South Asians, around 30 per cent of people were vaccinated, whereas in neighbourhoods with the highest percentage of South Asian people, rates were less than 15 per cent.

Shortly after the release of this paper, and recognizing the need to bridge gaps in certain areas, the Province of Ontario increased vaccine distribution in COVID-19 hot spots to get vaccines where they were most needed - but was it enough? To assess whether this was effective in making gains in vaccine equity, we looked at how vaccination rates changed following this strategy. *Continue on next page >*

In *Has the advice to increase vaccination in hot spots improved equity in Ontario?* we looked at vaccination data for March and April of 2021 to see whether vaccination rates had improved. The new data showed that Ontario's hot spot vaccine strategy improved vaccination rates in high infection areas, but that disparities had not been completely eliminated.

Our research found that across the province, areas with higher COVID-19 rates, including Toronto, were more likely to have higher vaccination rates after this strategy was implemented. While the hot spot strategy seemed to be improving vaccination rates in specific areas, it is impossible to know which residents within an area were being reached. Without individual level socio-demographic data it was not possible to know whether those in greatest need, and at highest risk, were the ones receiving the vaccine.

As second doses became available, we investigated whether associations between race and vaccination had changed. In *Persisting inequities*, our analysis again found a close association with racialization and lower rates of vaccination. Areas with higher percentages of South Asian, Black, Southeast Asian, or Latino residents had lower percentages of fully vaccinated individuals. The data also showed a notable gap for Black populations. Areas with the highest per cent of Black residents had a lower vaccination rate, compared to areas where the population was mostly white. This leaves Black residents at particular risk because areas with the highest per cent of Black residents in Toronto had up to nine times the rate of COVID-19 infection.

Despite government measures to concentrate vaccine efforts in these communities, early in the vaccination rollout we saw inequities widen and racialized communities continue to fall behind. Our reports helped to support community driven initiatives to improve vaccination, but systemic inequality and racism both played a role in making these moves difficult. Coupled with the lack of capacity to administer vaccines in hot spots, delayed vaccine supplies, and inconsistent public health messaging, the negative impact was not only on the ability to find and receive vaccines, but also on people's health.

BRIDGING GAPS IN LONG-TERM CARE

Older adults living in long-term care (LTC) homes were among the earliest and hardest hit by COVID-19. Our previous research found that the lack of culturally appropriate care has led to inequitable access for racialized seniors. Expanding our work in this area, we looked at how socio-demographic data could help improve LTC settings. In *Leaving no one behind in long-term care*, we partnered with the *National Institute on Ageing* to shed light on some of the existing inequities and highlighted the importance of collecting and analyzing socio-demographic data on diverse populations.

While there are sources of data which provide insight into Canada's older adult populations, many fail to capture information that can be used to identify health inequities among people living in LTC. Often missing from the research are the experiences of seniors who are part of the LGBTQIA+ community - particularly those who are racialized - and those who have disabilities, leading to health disparities and poor health outcomes.

By examining international case studies and initiatives, we identified key strategies for data collection in LTC that could help identify disparities, improve program planning, and promote health equity in Canada. Our recommendations include patient and family engagement in the design and implementation of data collection, expanding and standardizing the questions used to keep findings consistent, and the use of trauma-informed approaches in data collection. Most importantly, there must be a commitment to effectively and appropriately use the collected data.

High quality socio-demographic data is a valuable tool which will enable us to develop targeted interventions and effectively address health disparities. Pushing equity forward through better policy and planning will ensure that older adults of all backgrounds and experience are not left behind.

DIGNITY, STABILITY, AND INDEPENDENCE: TORONTO'S SUPPORTIVE HOUSING GROWTH PLAN

The number of people waiting for supportive housing in Toronto has long outpaced supply, with thousands of individuals and families unable to access the help they need. To begin addressing this gap, we partnered with the *Toronto Alliance to End Homelessness* and *Canadian Mental Health Association Toronto Branch* to develop the *Toronto Supportive Housing Growth Plan*. The Growth Plan advances new ways for the sector to collaborate, build capacity for expansion, and help the City of Toronto achieve its target of growing the supportive housing supply by 18,000 homes by 2030.

We laid the foundation for this plan by first producing a *Needs Assessment report*, which took a comprehensive look at the strengths and challenges of the current system through the perspectives of people with lived experience and supportive housing providers. While we found that organizations have been able to meet the needs of their clients, there are large access barriers for specific groups including those who are justice involved or part of LGBTQIA+ and racialized communities. Our research also found that if the complex needs of people living with mental illness are not met, waitlists could swell to 41,000 by 2030.

To advance this work we also produced a *Funding Analysis report*, examining the range of existing government funding to help advise the government on how these funds can be better used. We also identified where new funding can be secured to fill the gap. Among our recommendations was the establishment of a one-window approach to services which would allow for stronger program development and alignment, foster greater cross-government cooperation, and provide continuity by having staff work through all steps of the process.

This plan will help ensure the creation of a system that will reduce hospitalizations and help prevent the negative health impacts associated with unaffordable, low-quality, or no housing at all. Without commitment and investment into our supportive housing system, we will see increases in homelessness, social inequity, and no end to the growing the housing crisis.

COVID-19 IMPACTS ON MENTAL HEALTH

COVID-19 resulted in job and housing loss, food insecurity and disconnection. All these factors took a toll on mental health - especially for racialized groups who were among the hardest hit during the pandemic. In *COVID-19 and racialized communities: Impacts on mental health*, we partnered with the *Mental Health Commission of Canada* to study how the pandemic was affecting the mental health and well-being of racialized communities. In this qualitative work, we interviewed participants who identified as Black, South Asian, or Southeast Asian living in the Greater Toronto Area. Along with conversations with leaders of community organizations, we explored the stressors people were facing, what mental health supports and services they needed, and recommended how to support resilience beyond the pandemic.

Respondents told us that while isolation challenged their mental health and well-being, other social and economic factors were also important for framing their experiences. Participants consistently described how work, income, housing and caregiving were central to the pressure and stress they felt. Where these anxieties intersected with the risk of contracting COVID-19, stressors were compounded, negatively impact people's mental health and well-being.

We also found that while increased mental health challenges were common, some of our respondents felt an added layer of distress due to public and interpersonal experiences of racism and discrimination. Increased and highly publicized racist incidents toward Asian communities were deeply impactful in shaping mental health throughout the pandemic. Although these communities experienced their mental health waning, access to quality, affordable, and culturally specific care was not always an option. *Continue on next page >*

In fact, respondents described barriers to accessing appropriate mental health supports, including financial limitations, difficulties accessing virtual services, experiences of stigma, cultural and linguistic barriers, and mistrust in systems. Action has fallen short on policy and public health interventions that reduce disparities in mental health risk and treatment, especially for racialized communities.

The mental health experiences of racialized people during COVID-19 highlights the inequities within our system. During the pandemic, racialized people lived and worked in environments that limited their ability to stay safe and decrease their chances of getting COVID-19, compounding stressor after stressor. Moving forward we must develop a mental health system that is accessible, culturally responsive and addresses discrimination. Sustained funding for community organizations that address the mental health and related needs of racialized populations is crucial as we recover from COVID-19.

THRIVING FAMILIES

We continued to build our suite of research relating to what it takes to thrive in the GTA. Our work in this area has previously explored thriving for single adults, thriving in retirement and thriving among Black populations. This year we applied our approach to families with young children. Thriving goes beyond just having any shelter, any food or any childcare—shelter must be right-sized and stable, food must be good quality and nutritious, and childcare must be focused on child development.

In *Thriving in the City for families*, we identified what families with young children in the GTA need for good health and well-being, and what resources are required to meet those needs. We built a framework tailored to families with ten domains including, food and nutrition, shelter, daycare, social participation and physical activity. Alongside this work, we published *Thriving in the City for families: Costing report* where we estimated the costs of the goods, resources, and services in each domain to calculate the level of income required for families to thrive. We estimate that, in order to have good health, families in the GTA must earn between $103,032 - $136,428 a year after-tax. In 2019, the median after-tax income for couple households with children was $114,100, meaning that close to half of these families may not be able to thrive. *Continue on next page >*

The beauty of the Thriving framework is that the 10 domains offer a detailed picture of the different areas where changes could increase thriving. For instance, increases to wages and an expansion of government-provided income supports would help more families reach a thriving income. But thriving could also be achieved through decreasing the cost of vital resources such as housing and by enhanced investments by multiple actors (e.g., all levels of government, employers, institutions, and communities) in services, and benefits that improve the health and well-being of families.

The *Thriving in the City for families* framework is a valuable tool that can help us progress towards a reality where all families with young children thrive. In a city where affordability has made it difficult for families to stay afloat, this framework can guide the creation of health centred policies and programs so families can be better supported and stay above water.

EXAMINING EQUITY IN COVID-19

As COVID-19 continued to spread and populations around the world were introduced to the Delta variant, we considered how the pandemic impacted equity-seeking populations. In addition, we looked at how health coverage could expand for lower-income workers and whether enough was being done to address gaps in care.

Across Canada, between 150,000 and 300,000 people experience homelessness each year. In Toronto specifically, an estimated 10,000 people are without a place to stay. These numbers shot up during the pandemic, exacerbating resources and causing encampments to grow across Toronto's public spaces. In *A new normal for ending homelessness*, we discussed the devastating effects of COVID-19 on those experiencing homelessness and offered a tangible path forward. The pandemic coupled with a recession will only contribute to rising homelessness across Canada, and we will likely see more evictions which were a primary contributor to homelessness in Toronto.

On top of calls for better support for people experiencing homelessness, workers throughout the GTA called for better health coverage and paid sick days, a rallying cry that extended across the entire country. Our pieces *Sick days: Sufficient, accessible, paid* and *A new normal for health coverage* examined whether three paid sick days were enough for low-income earners and explained why we need a new equitable plan to improve health coverage. Most high-income countries agree that access to sick days leads to better short and long-term health for workers. Additionally, by ignoring the calls for more paid sick days, we are hurting the people who need them the most. These are low-income workers who do not have a choice to work from home and could end up spreading the virus to colleagues, causing a community outbreak. If we want to improve health equity in the GTA, we must approach the call for paid sick days and better housing support not as an individual problem, but as a community solution.

ADVANCE 2021: BUILDING THE NEW NORMAL

How does climate change exacerbate health disparities? How is income inequality linked to poor health? In the fall of 2021, we held our second biennial symposium, *Advance 2021: Building the new normal*, to begin to address questions around income inequality, climate change, the housing crisis and disparities faced by racialized communities during COVID-19. Our virtual symposium series brought together experts from across Canada and the US to explore how to prioritize health equity as we build a new normal.

Click here to watch

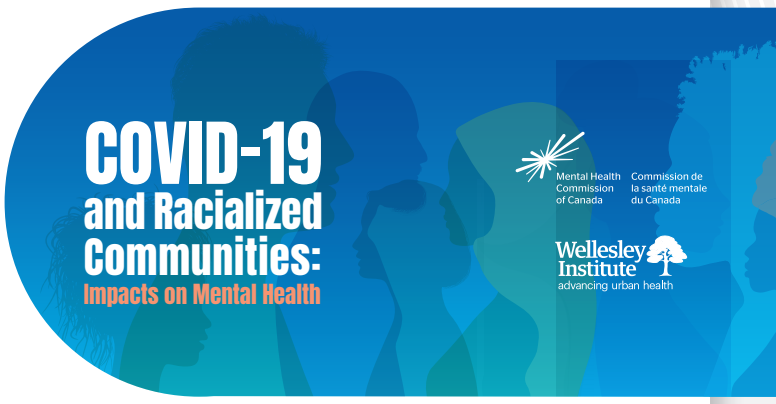
Click here to watch

Click here to watch

Click here to watch

COVID-19 AND RACIALIZED COMMUNITIES: IMPACTS ON MENTAL HEALTH

The COVID-19 pandemic magnified stressors such as housing and job loss, food insecurity and poverty, particularly among racialized communities. Along with these challenges came increased attention to the possible affect the pandemic could have on mental health. In response to this, we partnered with the *Mental Health Commission of Canada* on a panel event to discuss the impacts of COVID-19 on the mental health and well-being of racialized people in Toronto. Click here to watch



RESEARCH IN ACTION: KNOWLEDGE MOBILIZATION IN THE IMMIGRANT AND REFUGEE-SERVING SECTOR

Making research accessible for front-line workers is crucial for the GTA's immigrant and refugee-serving sector. This event focused on community-based approaches to mobilizing research and applying it to practice. Panelists discussed migrant resilience, community organizing, peer champions, and why data entry is key to front-line work and presented findings of recent studies. Click here to watch

RESEARCH IN ACTION: MISINFORMATION IN NEWCOMER COMMUNITIES

Newcomer communities must have accurate and reliable health information to reduce the spread of COVID-19, which has caused them disproportionate harm. This panel discussion explored tools and strategies for combating the spread of misinformation in newcomer communities. It also discussed how settlement and health practitioners can help service seekers access information that can improve public health and save lives. Click here to watch

TOBACCO-FREE INVESTMENT

In March 2021, we partnered with the *World Health Organization* (WHO) and *MASS LBP* to explore how use of the capital markets could support tobacco control. Tobacco kills over 7 million people worldwide each year through direct use. Over 80 per cent of users live in low to middle-income countries, and the substance is a significant barrier to population health and global health equity.

This partnership focused on the divestment of public assets – such as pension funds, life and health insurance funds – in tobacco, as an intervention for reducing global tobacco use. We consulted with representatives from finance and health sectors, institutional investors, researchers and NGOs to understand the scope of public holdings of tobacco investment. We examined international case studies of public divestment in tobacco to better understand strategies and levers for change. This work resulted in the decision to introduce *Public Divestment in the Tobacco Industry* as a proposed program of work for the WHO as they continue to focus on supply-side interventions to reduce global tobacco use.

BLACK HEALTH PLAN

The COVID-19 pandemic intensified health inequities experienced by racialized communities. Black communities in particular have been the most affected and harmed by COVID-19. Historic and ongoing anti-Black racism and discrimination continues to reinforce policies and systems that have resulted in Black communities experiencing disproportionately higher rates of poverty, criminalization and poor health outcomes. In response, we convened a diverse group of community members, health leaders and academics to develop a ***Black Health Plan*** for Ontario. Along with lead partners, *Parkdale Queen West Community Health Centre*, *Ontario Health* and the *Black Health Alliance*, we designed a plan that offers practical strategies that will advance health equity and improve health outcomes for Black communities.

The ***Black Health Plan*** incorporates three pillars: the development of an equitable pandemic strategy; building an equitable health system recovery plan; and making the fundamental changes in health and social systems required to drive health equity for Ontario's Black population. The ***Black Health Plan*** works on improvements in multiple areas of the social determinants of health and can also be used as a template to inform policy planning and action for other populations facing systemic disadvantages.

THE CITY OF TORONTO

Working with the City of Toronto, we completed a series of papers to help them better respond to mental health inequities and issues facing Toronto's downtown east neighbourhood. Together, we helped inform their *Community Safety and Well-being Plan* aimed at making Toronto a trauma-informed city.

To support Toronto's Community Safety and Well-being Plan, we conducted an evidence review of trauma-informed approaches and an international scan of trauma-informed city models. This work formed the backbone of a roadmap, identifying seven steps to develop and implement a trauma-informed Toronto.

With the implementation of Community Crisis Response teams, the City of Toronto recognized the importance of meaningful engagement with people with lived experience. To support Toronto's Community Crisis Response teams, we conducted a review of best practices for engaging people with lived experience in the development, governance, and implementation of community-led crisis response models.

Responding to a number of complex challenges faced by Toronto's downtown east neighbourhood related to poverty, homelessness, housing, community safety, mental health and opiate use, the City of Toronto developed the Downtown East Action Plan. To support this work, we conducted research to help identify barriers that prevent people from accessing services and support in a timely and coordinated way. We also proposed solutions for resolving these issues and offered a series of ten strategies to improve access to substance use treatment for people with complex needs.

ACKNOWLEDGEMENT OF INDIGENOUS LAND

We wish to acknowledge this land on which Wellesley Institute operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

We would also like to acknowledge all the peoples who have contributed to, and helped build Toronto, including migrant and immigrant communities.

Revised by the Ceremonial Committee at the University of Toronto Office of Indigenous Initiatives in April 2021.

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